

Murphy Branawas

Town	Pawtucket City - Worcester -			County	MARYLAND	
Died at	Month	Day	Y.	M.	D.	Native of
Date 1903	May	26	Age	51	8	Stevens Md
Male	White	Married	Widow	Divorced	Occupation	
Female	Colored	Single	Widower	Number of children living		

Husband
of

Wife

Father's
Name

Everett Branawas

Mother's
Maiden Name

Wade

Cause of

Primary

Slice Board

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

James G. Stevens

Address

Pawtucket City -
Roxbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lewis J. Davidson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Snow Hill</u>		County <u>Worcester</u>	MARYLAND
Date of death <u>1903</u>	Month <u>April</u>	Day <u>25</u>	Years <u>66</u> - Months <u>-</u> Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Berlin</u>	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name <u>Lewis Davidson</u>	Father's Birthplace <u>Near Berlin</u>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long

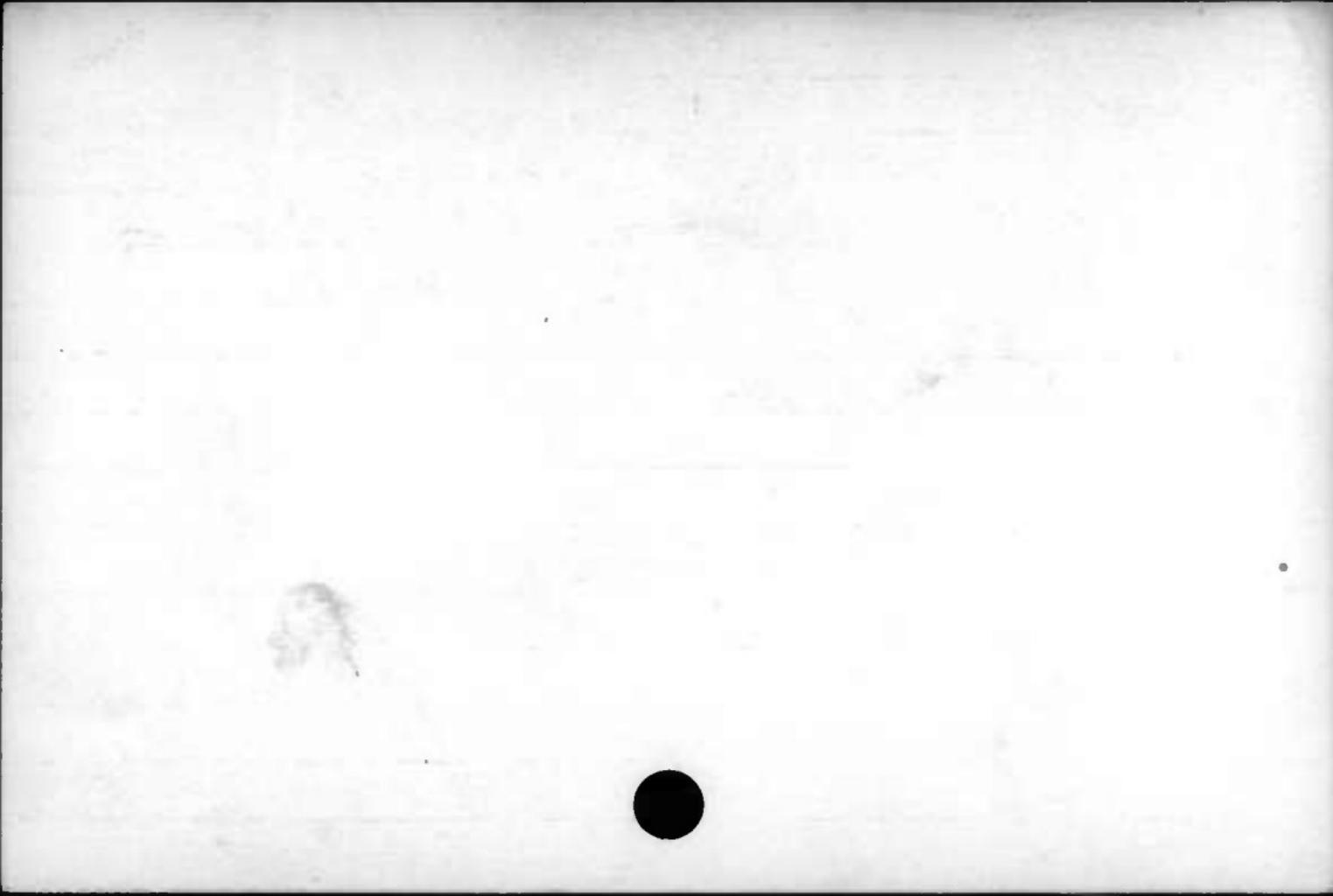
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

X



Name
in
Full

Blanch. E. Fisher

CERTIFICATE OF DEATH

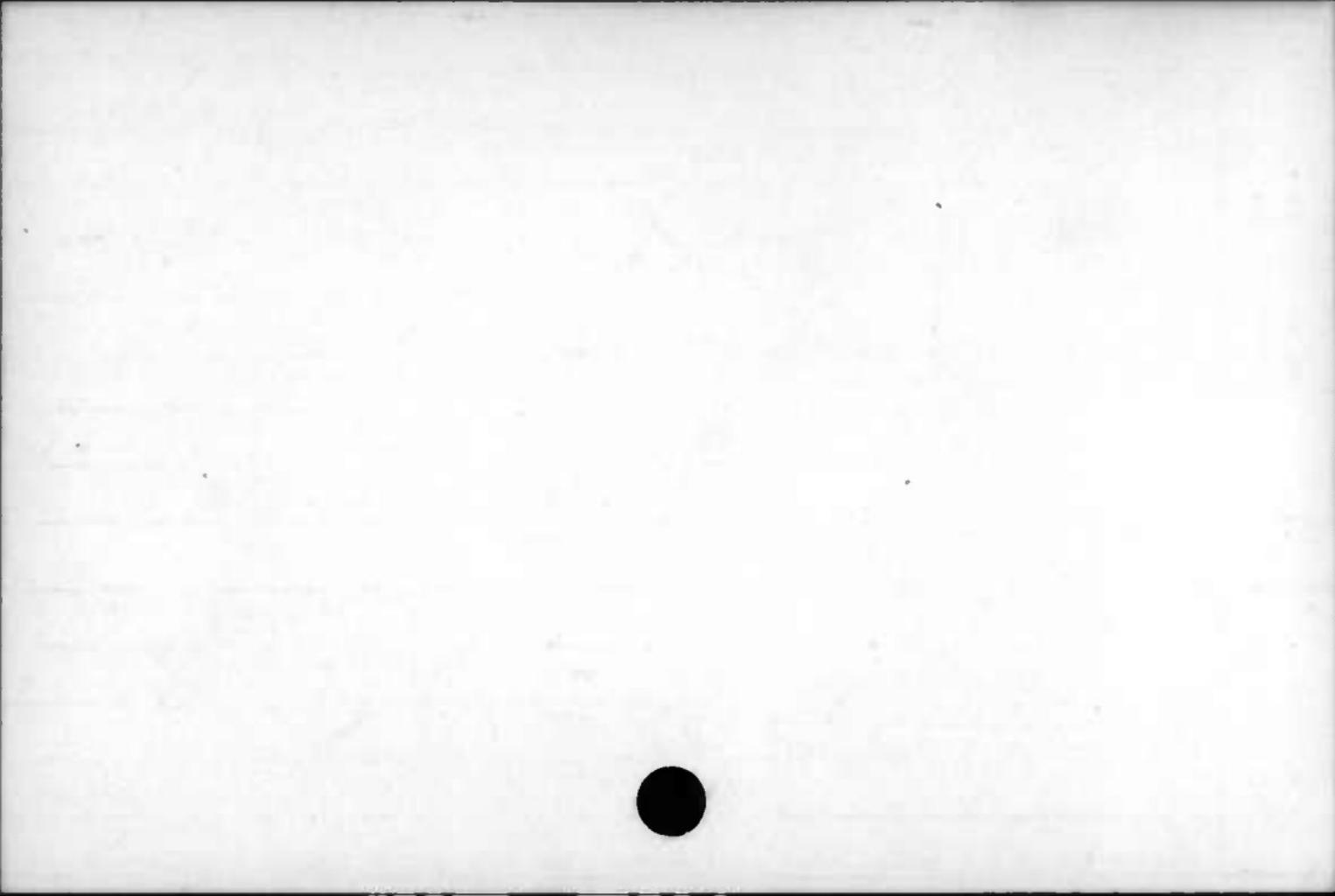
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Color.	Birth-place	Snowside
Married, Single or Widowed	Single	Occupation	none		
Name of Wife or Husband					
Father's Name	Lewis Fisher	Father's Birthplace	Avolspring		
Mother's Maiden Name	Bethia Fisher	Mother's Birthplace	Snowside		
Name of person giving information	Lewis Fisher	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hooping Cough	8	How long	6 weeks
Immediate			How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	William S. Williams	
Brown		Address	Worster Co. Maryland	
Accident or Suicide?				



Name
in
Full

Mary E. Gale

CERTIFICATE OF DEATH

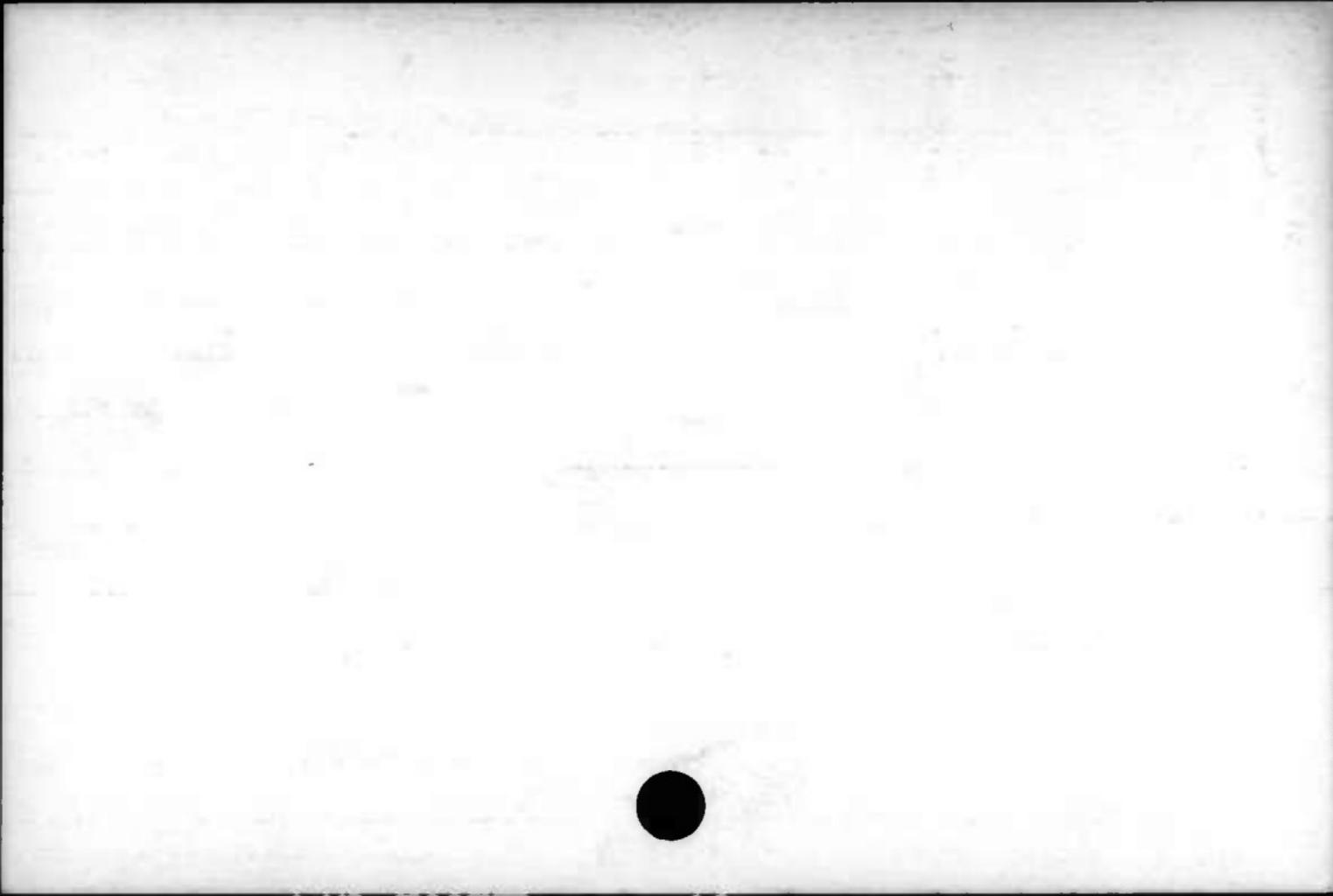
To BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at <u>New Pocomoke City</u>		Wicesters-		Months	Days
Date of death 1903	Month April	Day 16	Years Age two		
Sex Female	Color or Race Colored	Birth-place Pocomoke City			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name James Gale	Father's Birthplace New Pocomoke				
Mother's Maiden Name Josephine Townsend	Mother's Birthplace				
Name of person giving information Mrs H. C. Hayward	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Consumption	9 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide?	590 South Pocomoke City



Name
in
Full

James H. Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr.	Day 13	Age 73	Years —	Months — Days —
Sex Male	Color or Race Colored	Occupation Labor	Birth-place Worcester		
Married, Single or Widowed Married					
Name of Wife or Husband Hennie Hall					
Father's Name unknown				Father's Birthplace unknown	
Mother's Maiden Name unknown				Mother's Birthplace unknown	
Name of person giving information Frank Tule 15				How related to deceased Son in law	

CAUSES OF DEATH

Primary	Bravel & old age	How long 4 years
Immediate	No.	How long 3 month
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	Midian S Williams	Worcester
Accident or Suicide? Onwain		Maryland X



Name
in
Full

Kittie Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at place Town		County		MARYLAND		
Died at place Month	Day	Years	Months	Days		
Date of death 1903	April	26	Age	36		
Sex	Female	Color or Race	Colored	Birth- place	Wor Co	
Married, Single or Widowed	Married	Occupation		Housewife		
Name of Wife or Husband	Frances Harry					
Father's Name	John Massay			Father's Birthplace	Worcester	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Henry Books			How related to deceased	None	

CAUSES OF DEATH

Primary

Nephritis

How long

Indefinite

Immediate

Uremia

pro

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

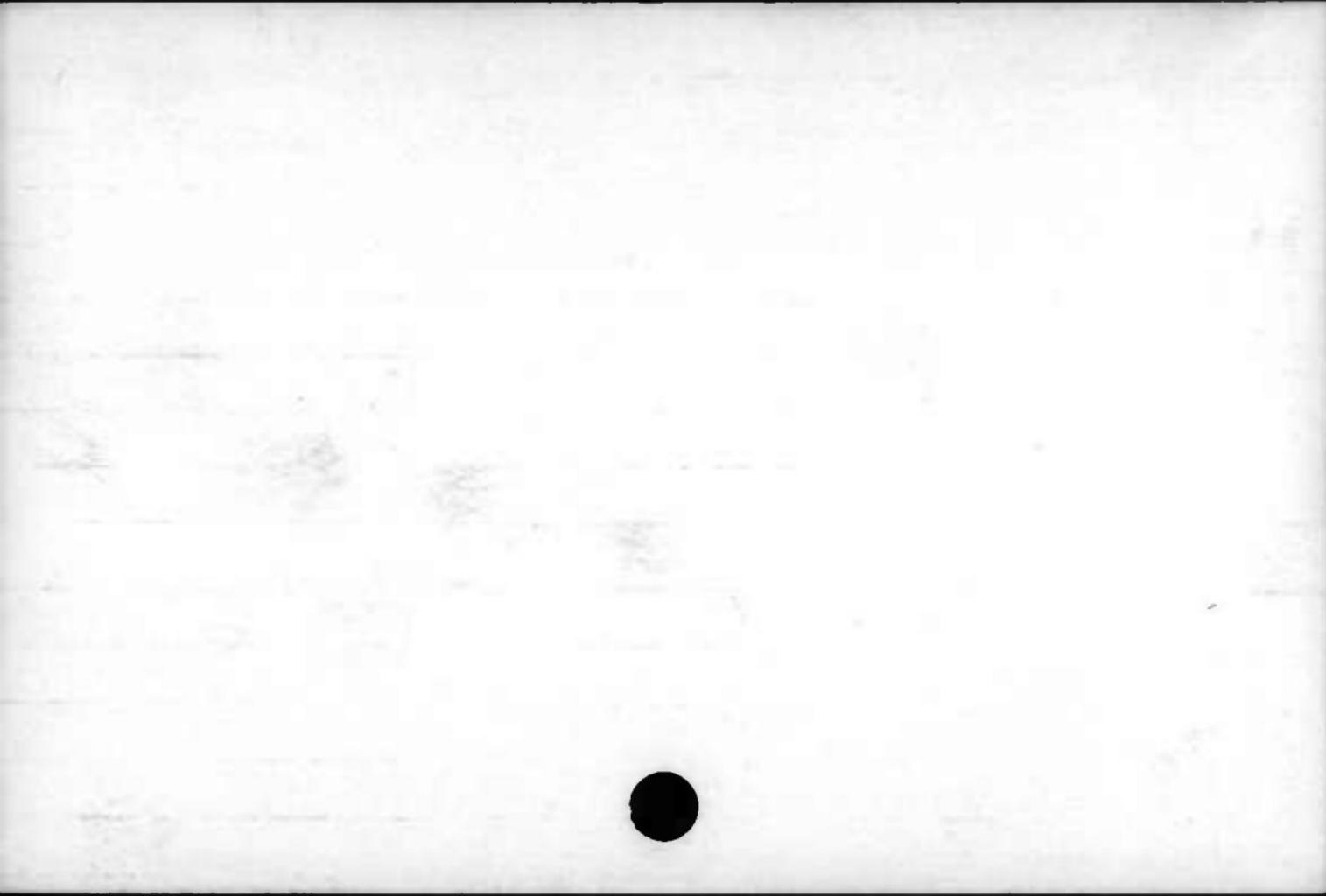
Signature of
Physician

Address

Cuddeback M.D.

Berlin Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Mrs Eliza Ruth Holloway</i>						
Died at	Town <i>Newark</i>	County <i>Worcester</i>				
Date of death 1903	Month 4	Day 15	Age 67	Years	Months	Days
Sex	Color or Race		Birth- place			<i>Woraster</i>
Married, Single or Widowed	Occupation <i>Married House wife</i>					
Name of Wife or Husband	<i>Henry Holloway</i>					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	<i>Charles Holloway</i>		How related to deceased			<i>Son</i>
CAUSES OF DEATH						
Primary	<i>Heart</i>			How long <i>6 days</i>		
Immediate	<i>"</i>			How long <i>79</i>		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Dr Paul Jones</i>			
			Address <i>Snow Hill</i>			

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lela Jones

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Berlin	Maryland			
Date of death 1903	Month 4	Day 5	Age	Years	Months
Sex female	Color or Race	Blk	Birth- place	Berlin	Days 27
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Harry Jones Jr.			Father's Birthplace	Berlin
Mother's Maiden Name	Margaret Howell			Mother's Birthplace	Whaleyville
Name of person giving Information	Harry Jones			How related to deceased	

CAUSES OF DEATH

Primary

Unknown

How long

27 days

Immediate

(5)

How long

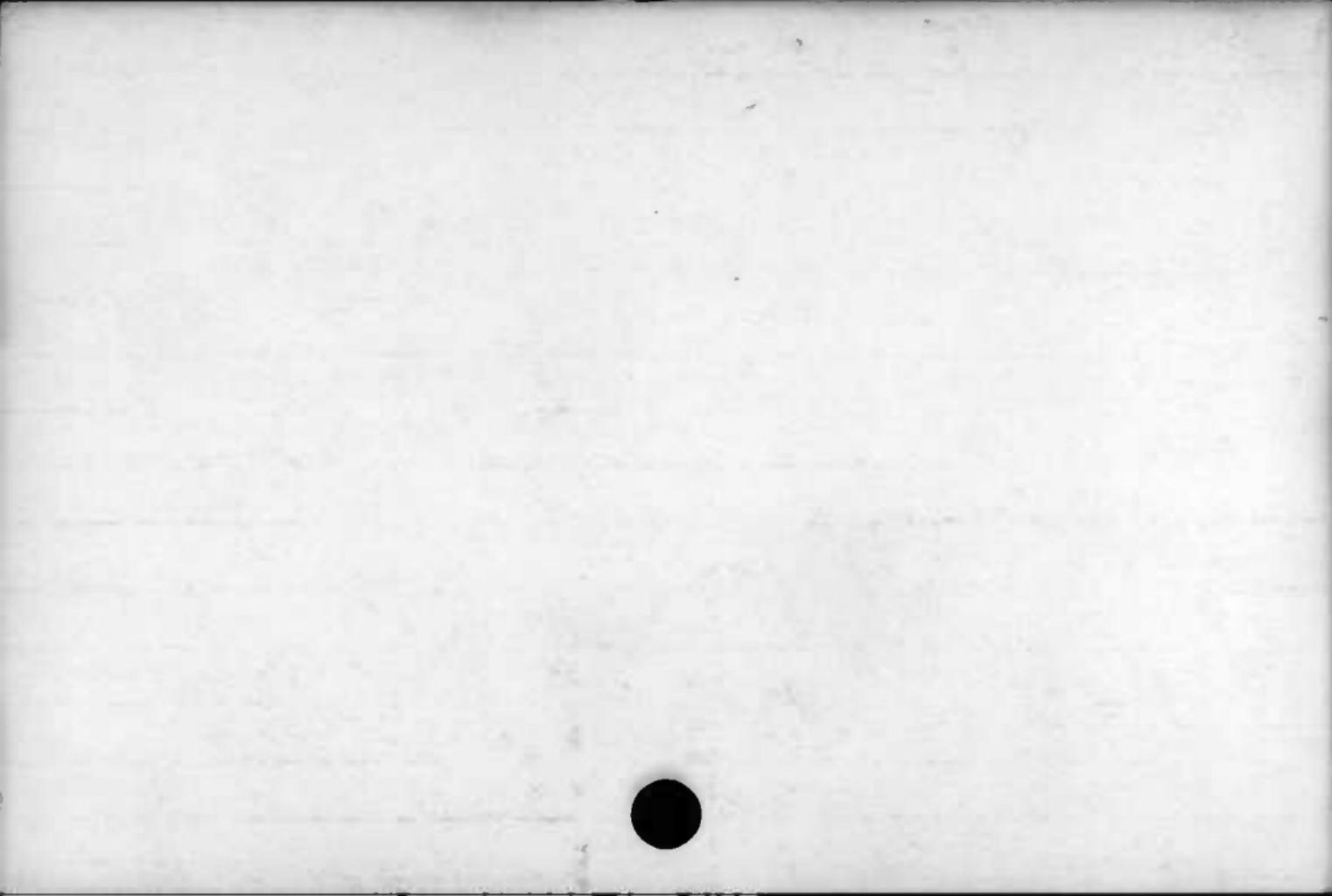
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Wm W. Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
3	April	21 st	80	10	5-	
Sex	male	Color or Race	white	Birth-Place	Maryland	
Married, Single or Widowed	Occupation					
Name of Wife or Husband	Hannahetta Melvin					
Father's Name	Army Melvin			Father's Birthplace		
Mother's Maiden Name	_____			Mother's Birthplace		
Name of person giving Information	Hannahetta Melvin			How related to deceased		
wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old Age) 54

How long

Immediate

Generalgia of the heart found dead

How long

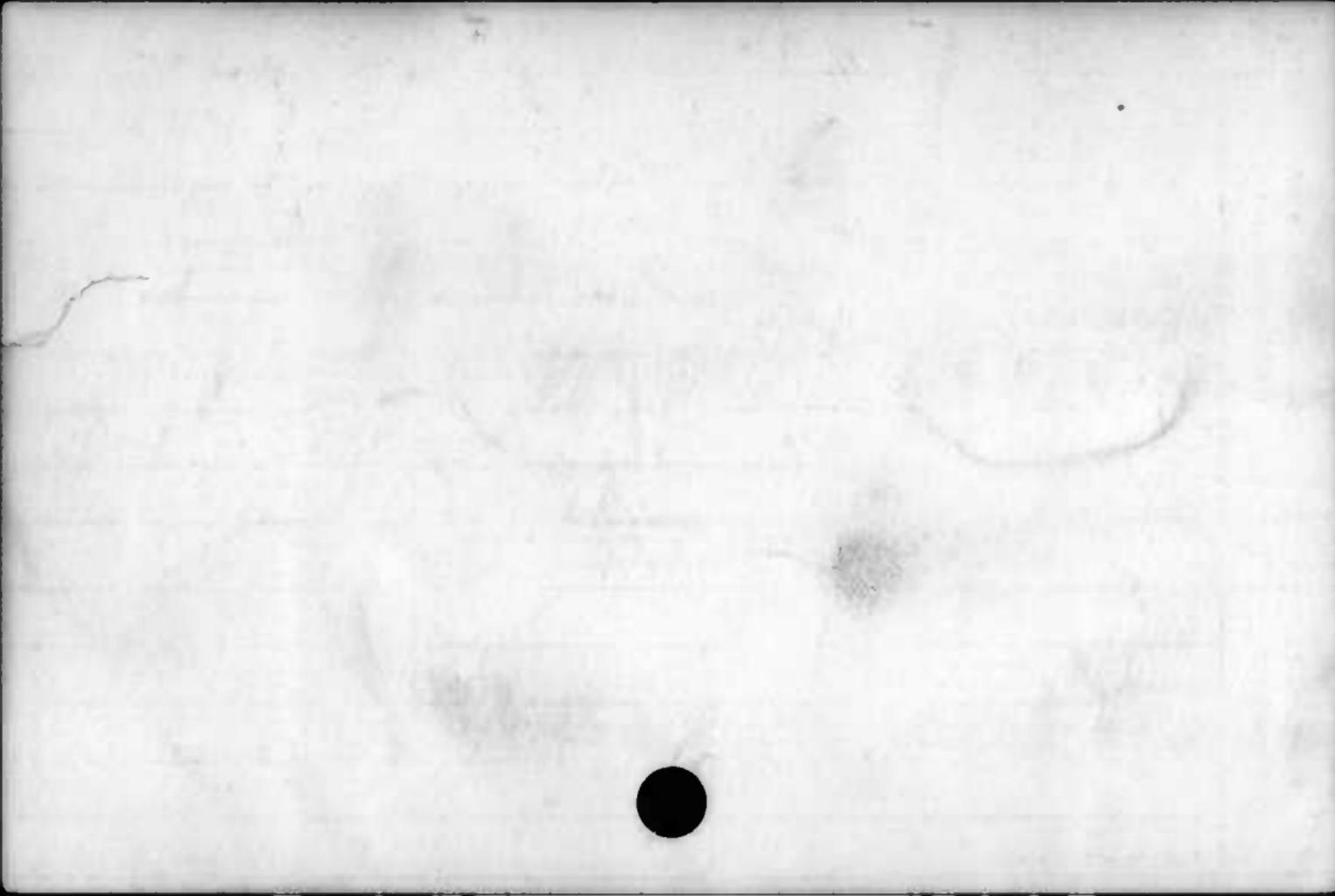
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

W.P. Hearn

Address

Accident or Suicide?



**Name
in
Full**

TO BE ANSWERED BY

NEAREST FRIEND

Hester Dressick

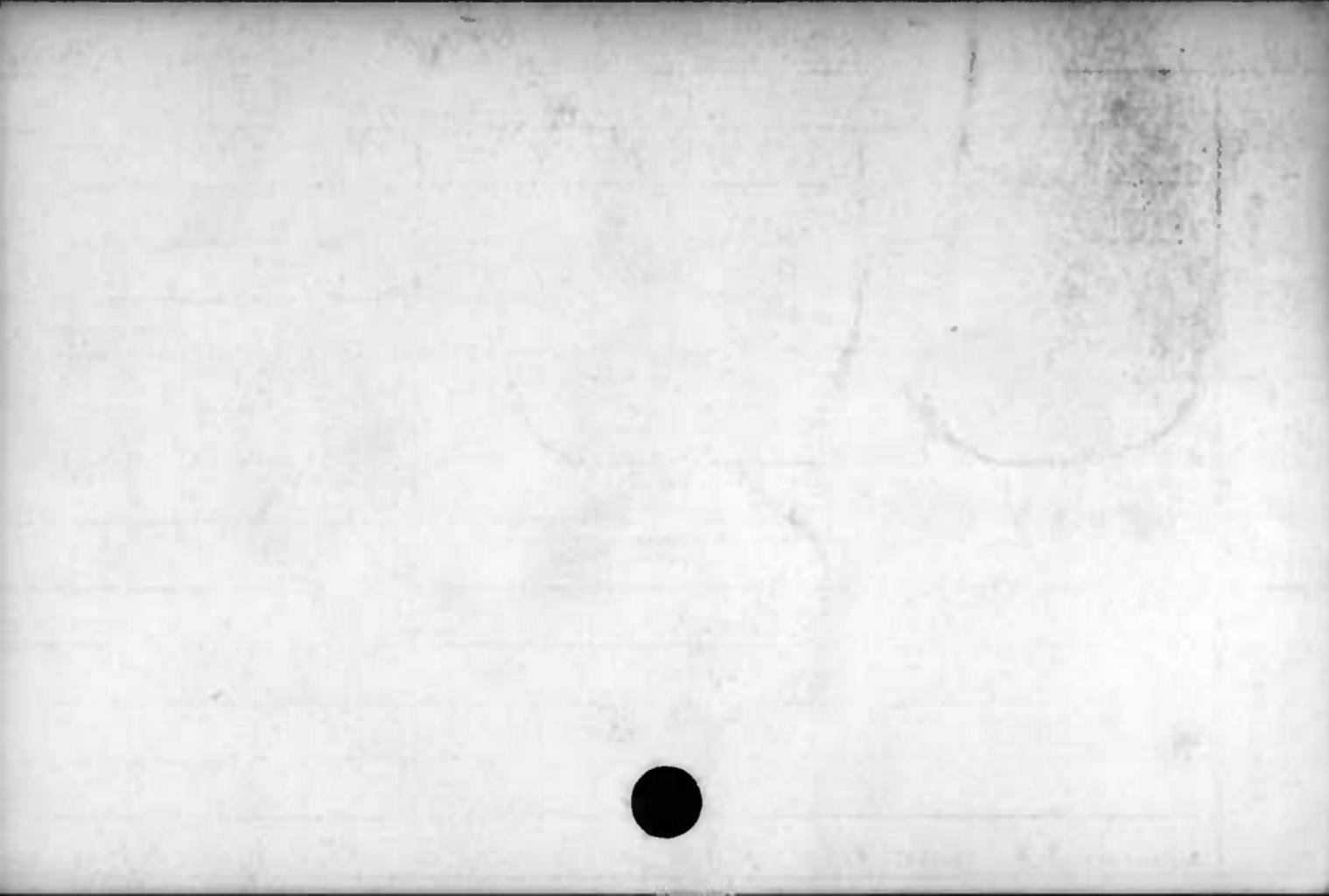
CERTIFICATE OF DEATH

Died at		Town	County			
Died at	Wesleyville		Worcester		MARYLAND	
Date of death 1903	Month 7	Day 30	Age 20	Years	Months 1	Days 27
Sex Female	Color or Race	White		Birth-place	Maryland	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Phos Johnson			Father's Birthplace		
Mother's Maiden Name	Hattie Johnson			Mother's Birthplace		
Name of person giving information	S. P. Johnson					
	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pneumonia	46	How long 25-3rd
Immediate	Hurt - dead		How long 1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Dr. physician
			Address Snow Hill Rd.
Accident or Suicide?			



Name
in
Full

Frances Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Apr.	Day 23	Years 75-	Months -	Days -
Sex Male	Color or Race Colored	Occupation Laborer	Birth-place Maryland		
Married, Smg'd. or Widowed	Married				
Name of Wife or Husband	Francis Nelson				
Father's Name	unknown	Father's Birthplace unknown			
Mother's Maiden Name	Rachel Nelson	Mother's Birthplace Maryland			
Name of person giving Information	Mary A. Blakes	How related to deceased Daughter			

CAUSES OF DEATH

Primary	Heart Trouble	How long	6 month
Immediate	+ asthma.	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	William S. Williams
Address	Snouffville	Address	Worcester
Accident or Suicide?	County	Address	Maryland



Name
in
Full

unnamed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 16 th	Years —	Months —	Days, Still born
Sex Male	Color or Race colored	Occupation	Birth-place	Near Potomac	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	George Riley			Father's Birthplace	Maryland Co
Mother's Maiden Name	Alice Waters			Mother's Birthplace	" "
Name of person giving information	George Riley			How related to deceased	Father

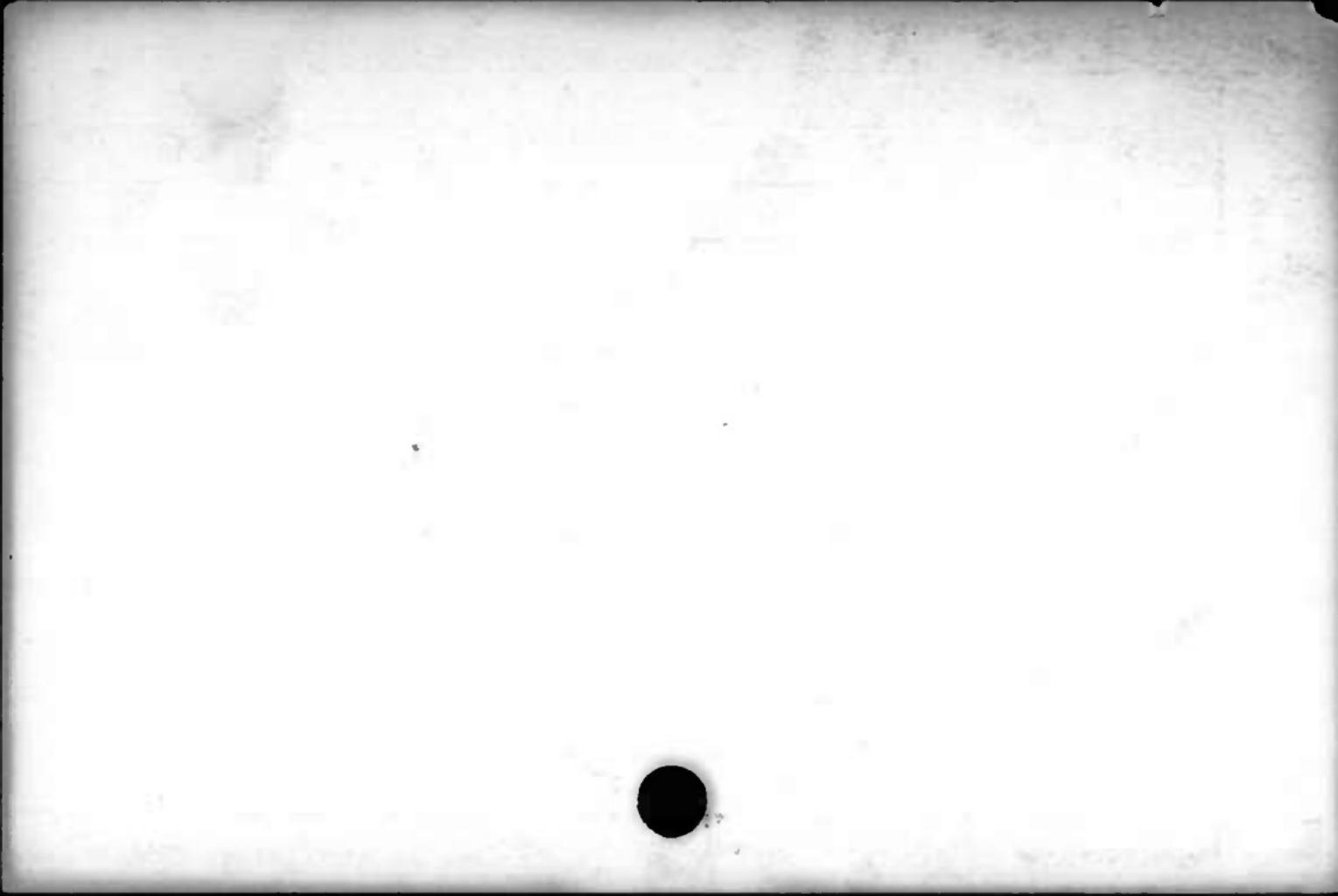
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	s	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sam'l Salomon
		Address	Potomac City, Md.

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

John Vincent						CERTIFICATE OF DEATH	
Died at		Town	County				
Date of death 1903	Month April	Day 12	Age 75	Years	Months 8	Days	
Sex male	Color or Race white		Birth-place				
Married, Single or Widowed			Occupation merchant				
Name of Wife or Husband	Rebecca Shockley						
Father's Name	Nathaniel Vincent		Father's Birthplace				
Mother's Maiden Name	Margaret Hurst		Mother's Birthplace				
Name of person giving information	John W. Vincent,		How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
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Immediate	179 How long
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Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
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Address

Accident or Suicide?

